Name in Full

Certificate of Death

Anna Magdalena Bendz

Died at Town Beltsville County Prince George MARYLAND

Date 1940 of Month March Day 2 | Age Y. 64 M. 10 D. 18 | Native of Denmark | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of Waldemar Emil Bendz

Father's Name Mr. Clausen | Mother's Maiden Name Anna M. Schule

Cause of Death: Primary Rheumatoid Arthritis — How long sick 10 years

Immediate Asthenia — ~~Accident, Suicide, Homicide~~

Reported by A O Etienne M.D. 147

Address Berwyn Prince George County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: George Henry Berry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hancock; County: Penn Yanga

Date of death 1904: Month: 3; Day: 12; Age: Years: 68; Months: —; Days:

Sex: Male; Color or Race: White; Birthplace: Virginia

Married, Single or Widowed: Married; Occupation:

Name of Wife or Husband: Jane Boswell

Father's Name: Robert Berry; Father's Birthplace: Boston Mass.

Mother's Maiden Name: Do not know; Mother's Birthplace:

Name of person giving Information: William Berry; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 64.; How long:

Immediate: Apoplexy; How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harry Bailey M.D.

Address: Hancock Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: George Blackstone

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glendale — County: P.G.

Date of death: Month: March — Day: 14 — 1904

Age: Years: 90 — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: —

Occupation: Farm Hand — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

56

Primary: Alcoholism & Exposure — How long: —

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. W. Dorsal Can. D

Address: Springfield Md.

Accident or Suicide?

LIBRARY BUREAU A33016

Name in Full: Martha A. Brashears

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel Dist. County: Pr. George's

Date of death 190 4: Month: March Day: 24

Age: Years: 56 Months: Days:

Sex: Female Color or Race: White Birth-place: Maryland

Married, Single or Widowed: Married Occupation: House wife

Name of Wife or Husband: Luther Brashears

Father's Name: Dennis Gaither Father's Birthplace: Md.

Mother's Maiden Name: Mahalia Jones Mother's Birthplace: Md.

Name of person giving In formation: Luther Brashears How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe How long: 1 Day

Immediate: Tuberculosis How long: 2 mo

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Butts Byerly M.D.

Address: Laurel Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A62518

Name in Full: Charity Ann Burroughs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Z.B. County: Porter

Date of death: 1904 Month: March Day: 9

Age: Years: 26 yrs Months: Days:

Sex: Female Color or Race: Colored Birthplace: Md

Occupation: House Servant Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Fred Burroughs Father's Birthplace: Md

Mother's Maiden Name: Mary Jackson Mother's Birthplace: Md

Name of person giving Imformation: R.D. Burroughs How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis How long: 18 months

Immediate: Anthrax How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John A. Cox MD

Address: Z.B. Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Blanche Butler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died near Town: Aquasco County: Prince Geo.

Date of death: 1904 Month: March Day: 13 Age: Years 16 Months Days

Sex: Female Color or Race: mulatto Birthplace: Maryland

Occupation: House maid Where Residing if not at place of death: at home

~~Married~~, Single or ~~Widowed~~ Name of Wife or ~~Husband~~

Father's Name: Ambrose Butler Father's Birthplace: Maryland

Mother's Maiden Name: Betty Brooks Mother's Birthplace: Maryland

Name of person giving Imformation: George Brooks How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Had a fall, hurt herself internally How long: 4 days

Immediate: Dying when I first saw her How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm A. Mashburn MD

Address: Aquasco Maryland

Accident or ~~Suicide~~?

LIBRARY BUREAU A88316

Name in Full: Frank Butler

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Near Piscataway — County: Prince Georges

Date of death 1904 — Month: 3 — Day: 6 — Age: Years 19 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Prince Georges Co

Married, Single or Widowed: — — Occupation: Farmer

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Butler — Father's Birthplace: Va. Geo. Co.

Mother's Maiden Name: Catherine Boozo — Mother's Birthplace: Chas. Co.

Name of person giving In formation: Henry Butler — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Pneumonia — How long: 1 day.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: No Name

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodmore — County: Pr Geo Co

Date of death: 1901 — Month: May — Day: 15 — Age: ~~Years~~ ~~Months~~ ~~Days~~

Sex: male — Color or Race: Dark — Birthplace: md

~~Occupation~~ — Where Residing if not at place of death:

~~Married, Single or Widowed~~ — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charley Chrismans S. — Father's Birthplace: md

Mother's Maiden Name: annie Chapman — Mother's Birthplace: md

Name of person giving Imformation: Charley Chrismans — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thomas Wood

Address: Woodmore Pr Geo Co Md

undertaker

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full Jno. H. Cusick Certificate of Death

Died at Town Avon Hill. County Pr. Geo. MARYLAND

Date 1890 Month Oct Day 30 Age Y. 65 M. 3 D. 19 Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~—~~ Number of children living -4-

Husband ~~Wife~~ of Sarah Cusick

Father's Name Unknown Mother's Name Unknown

Cause of Death { Primary Paralysis 66 How long sick 5 yrs

Immediate Asthenia Accident, Suicide, Homicide

Reported by R. A. Pyle M.D

Address Avon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 559F8

Name in Full: Marrion Douglass

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Clinton — County: Prince Geo

Date of death: 1904 — Month: 3 — Day: 3 — Age: Years: 12 — Months: — — Days: —

Sex: female — Color or Race: Colored — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Sam Douglas — Father's Birthplace: Md

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving Imformation: Sam Douglas — How related to deceased: father

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 4 weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: John A. Cox

Address: Z.B.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Joseph Fleets

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Collington — County: Prince Georges

Date of death: Month: March — Day: 2 — Year: 1904 — Age: Years: 88 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Widower — Name of Wife or Husband: Eliza Thomas

Father's Name: Dont Know — Father's Birthplace: Dont Know

Mother's Maiden Name: Eliza Fleets — Mother's Birthplace: Maryland

Name of person giving Information: James Fleets — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age. — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Nelson A Ryon M D

Address: Bowie Md

Accident or Suicide? No

LIBRARY BUREAU A2581B

Name in Full: Theresia Forschner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Laurel — County: Pr. George

Date of death 1904 — Month: March — Day: 23 — Age: Years: 70 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Widow — Occupation: House wife

Name of Wife or Husband: Charles Forschner

Father's Name: — — Father's Birthplace: — —

Mother's Maiden Name: — — Mother's Birthplace: — —

Name of person giving In formation: Anthony Forschner — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobar Pneumonia — How long: 12 days

Immediate: Asthenia — How long: 7 7

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Taylor

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Robert Frye

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Halls; County: Pr. George

Date of death 1904: Month: March; Day: 25

Age: Years: 67; Months: —; Days: —

Sex: Male

Color or Race: Caucasian

Birthplace: Prince George Co

Married, Single or Widowed: Widower

Occupation: Farmer

Name of Wife or Husband: Unknown

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: John H. Griffith

How related to deceased: Son-in-Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bright's disease (Kidney)

How long: Two years

Immediate: Heart Failure

How long: 6 months

PHYSICIAN OR CORONER

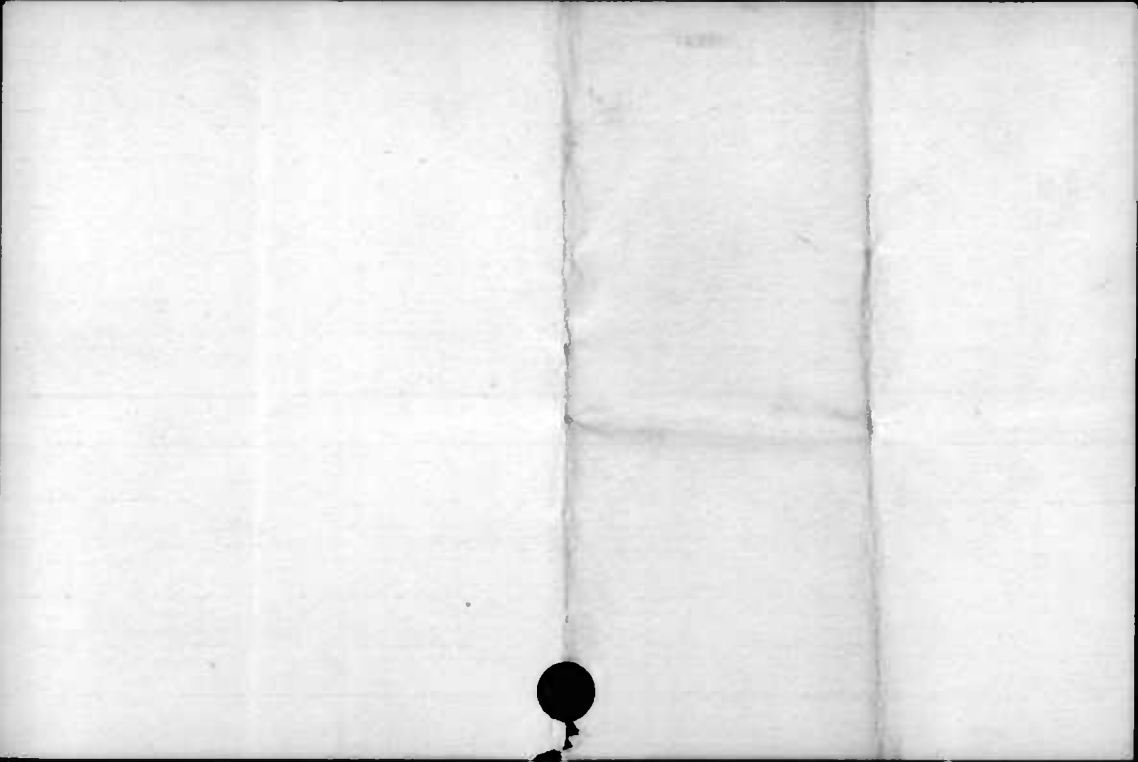
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Malcolm Cawood M.D.

Address: Halls Maryland

Accident or Suicide?

LIBRARY BUREAU A33518



Name in Full: Margaret A Gibbons

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Aquasco — County: Pr. Geo

Date of death 1907 — Month: 3 — Day: 20 — Age — Years: 63 — Months: 11 — Days: 29

Sex: Female — Color or Race: White — Birthplace:

Married, Single or Widowed: Widow — Occupation: Housewife

Name of Wife or Husband: John Gibbons

Father's Name: Richardson — Father's Birthplace:

Mother's Maiden Name: Dennar — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis Pulmonalis — How long: 4 yrs

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H Morton Brown

Address: Aquasco Maryland

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Daniel Gosselin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annandale — County: Prince Geo

Date of death: Month: March — Day: 19 — Year: 1904 — Age: 71 Years — Months: — — Days:

Sex: Male — Color or Race: White — Birthplace: Canada

Occupation: Teacher — Where Residing if not at place of death: Annandale

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Peter Gosselin — Father's Birthplace: Canada

Mother's Maiden Name: Rosalie Baillargeon — Mother's Birthplace: Canada

Name of person giving information: Bro Clementeen — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrosis of Liver — How long: 8 Months

Immediate: Collapse — How long: about 4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C A Fox

Address: Bussieres Md

Accident or Suicide?

112

LIBRARY BUREAU A38516

Name in Full: Maggie Grey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forestville; County: Prince George

Date of death 1904: Month: 3; Day: 28

Age: Years: 23; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Married; Occupation: Housewife

Name of ~~Wife~~ or Husband: William Grey

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: William Grey

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long:

Immediate: Acute Tuberculosis

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John E Lansberry

Address: Forestville Md

Accident or Suicide?

LIBRARY BUREAU A86516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Benj. N. Harden Ty

Died at: Town: Collington — County: Prince George's

Date of death: 1904 — Month: Mch — Day: 29 — Age: Years: 57 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Collington P.G. Co. Md.

Occupation: Merchant — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Sallie Harden Ty

Father's Name: John T. Hardesty — Father's Birthplace: P.G. Co. Md.

Mother's Maiden Name: Mary Bamford — Mother's Birthplace: A.A. Co. Md.

Name of person giving Imformation: John T. Hardesty — How related to deceased: Son

120

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Interstitial Nephritis — How long: 9 mon Fs

Immediate: Dyspnea & Cardiac failure — How long: — —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. M. Purnell M.D.

Address: Springfield Md.

Accident or Suicide? No.

LIBRARY BUREAU A38016

Name in Full: Benjamen Harrison.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mitchellville. County: Pri. Ges. ?

Date of death 1904: Month: Mar. Day: 10

Age: Years: 65 Months: — Days: —

Sex: Male

Color or Race: Colored

Birthplace: Hodges. Md.

Married, Single or Widowed: Married

Occupation: Farmer

Name of Wife or Husband: Mary Harrison

Father's Name: Samil Harrison

Father's Birthplace: Pri. Ges. Co.

Mother's Maiden Name: Not Known

Mother's Birthplace: —

Name of person giving information: Joe Harrison

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Heart Diseases

How long: Not Known

Immediate: " "

How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Walker M. D.

Address: Mitchellville, Md.

(Per Mrs. H.)

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Eliza Ella Hawkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North Keys — County: Pr. Geo.

Date of death 1904: Month: 3 — Day: 27 — Age: Years: 20 — Months: 11 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: L. Herman Hawkins

Father's Name: Ignatius Diggs — Father's Birthplace: Md

Mother's Maiden Name: Celia Brooks — Mother's Birthplace: Md

Name of person giving Imformation: L Herman Hawkins — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart disease — How long: 3 years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: John A. Coe

Address: 7-B. Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary L Hawkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bowie; County: Prince Georges

Date of death: 1904; Month: March; Day: 25-

Age: Years: 1; Months: 2; Days:

Sex: Female; Color or Race: Colored; Birthplace: Bowie

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: John Hawkins; Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Fleet; Mother's Birthplace: Maryland

Name of person giving Information: John Fleet; How related to deceased: Grand Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intra-Thoracic Tumor; How long: 3 months

Immediate: Convulsion; How long: 1/2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Nelson A Ryon M D

Address: Bowie

Accident or Suicide? No

Md

LIBRARY BUREAU A48316

Name in Full: Daniel Henson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Friendly — County: Prince Georges

Date of death 190 4: Month: 3 — Day: 25 — Age: Years: 83 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Prince Georges Co

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Jane Stewart

Father's Name: Leonard Henson — Father's Birthplace: Do not know

Mother's Maiden Name: Annie Henson — Mother's Birthplace: " " "

Name of person giving In formation: Charles Henson — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Do not know, dont — How long: Few hours

Immediate: Uremic repture — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry Nally M.D.

Address: Brookeville Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Unnamed Sliceboard Stillborn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Camp Springs; County: P. George's

Date of death 1904: Month: March; Day: 31st

Age: Years: —; Months: —; Days: —

Sex: Male; Color or Race: Black; Birthplace: Md

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband: —

Father's Name: Frank Hickman; Father's Birthplace: Md

Mother's Maiden Name: Laura Ellis; Mother's Birthplace: Md

Name of person giving information: Frank Hickman; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: —; How long: —

Immediate: Stillborn; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? As far as known

Signature of Physician: J. L. Weems

Address: Clinton

~~Accident or Suicide?~~

LIBRARY BUREAU A66316

Name in Full: Everett Edwin Hutchinson

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Largo — County: Prince George's

Date of death: Month: March — Day: 31 — Age: Years: — Months: 11 — Days: 21

Sex: Male — Color or Race: Caucasian — Birthplace: Largo, Md

Occupation: — Where Residing if not at place of death:

Married, Single, Widowed: M — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Everett Hutchinson — Father's Birthplace: Prince George's

Mother's Maiden Name: Alice Hutchinson — Mother's Birthplace: Prince George's

Name of person giving Imformation: Alice Hutchinson — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abscess of ear — How long: Two months

Immediate: Meningitis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Maelane Cawood, M.D.,

Address: Hall's

Accident or Suicide?

Pr. George Co., Maryland.

LIBRARY BUREAU A58818

Name in Full: Samuel Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellis Corner County: P. Georges

Date of death 1904: Month: March Day: 16th Age: Years: 73 Months: Days:

Sex: Male Color or Race: Black Birthplace: Maryland

Married, Single or Widowed: Widower Occupation: None

Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Samuel Beall How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility How long: Unknown

Immediate: How long: Ellis Corner 5 weeks

Are the name, age, sex, color, date and place correctly given above? As far as known.

Signature of Physician: John L. Wantz

Address: Collington

~~Accident or Suicide?~~

LIBRARY BUREAU A86516

Name in Full: Richard Jenkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Meadows — County: Prince George

Date of death: Month: 3 — Day: 20 — Years: Age 19 — Months: — — Days: —

Sex: Male — Color or Race: colored — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Jabez Jenkins — Father's Birthplace: Md

Mother's Maiden Name: Lizzie Hawkins — Mother's Birthplace: Md

Name of person giving Imformation: William Grew — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cold — How long:

Immediate: Acute Tuberculosis — How long: 6 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John E Donaldson

Address: Forestville Md

Accident or Suicide? Natural

LIBRARY BUREAU A68816

Name in Full: Ellen Nora Johnson or Stilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bowie — County: Prince George

Date of death 1904: Month: March — Day: 5 — Age: Years: 43 — Months: 11 — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Virginia

Married, Single or Widowed: Widow — Occupation: Housewife

Name of Wife or Husband: Husband deceased.

Father's Name: Mr. Adams — Father's Birthplace: Virginia

Mother's Maiden Name: Matilda Adams — Mother's Birthplace: "

Name of person giving information: (Daughter) Ellen Johnson — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Abstructed labor 136. — How long: 7 days.

Immediate: Exhaustion — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A.R. Walker M.D.

Address: Mitchellville, Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

George Washington Johnson.

Died at Town: Mellwood | County: Prince Georges | MARYLAND

Date 1904 | Month: 3 | Day: 10 | Age: Y 57 M. D. | Native of: Md | Occupation: Colored

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living

Husband of Wife: Emily Johnson | 16

Father's Name | Mother's Maiden Name

Cause of Death: Primary —

Immediate: Compound fracture both legs

How long sick —

Accident, ~~Suicide, Homicide~~

Reported by: John C. Saddler

Address: Forestville Md.

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Christine Leecke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Seat Pleasant — County: Pr. Gs County

Date of death 1904: Month: March 23 — Day: Wednesday — Age: Years: 71 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Swiss

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Married — Occupation: Housekeeper

Name of Wife or Husband: Georg Leecke

Father's Name: Wetzel — Father's Birthplace: Swiss

Mother's Maiden Name — Mother's Birthplace: Saxony

Name of person giving information: Georg Leecke — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pernicious Anaemia — How long: 2 yrs

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. Nelson MD

Address: 316. B. st se

Accident or Suicide? No

LIBRARY BUREAU A2331B

Name in Full: Maggie A. Matthews

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Laurel — County: Pr. George

Date of death 190 4 — Month: March — Day: 26 — Age — Years: 22 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: House wife

Name of Wife or Husband: James Matthews

Father's Name: Ges. Hilliard — Father's Birthplace: Md

Mother's Maiden Name: Rachel Hilliard — Mother's Birthplace: Md

Name of person giving In formation: James Matthews — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 3 Mo

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. B. Hewitt

Address: Laurel Md

Accident or Sulcide?

LIBRARY BUREAU A68816

Name in Full

Certificate of Death

Maude Middleton

Died at Town: Berwyn County: Prince Geo. MARYLAND

Date 1904 Month: Mch Day: 18 Age Y. 6 M. — D. — Native of Md Occupation —

Male ~~Female~~ White ~~Colored~~ Married ~~Widow~~ ~~Widower~~ Divorced

Female ~~Male~~ Colored ~~White~~ Single Widower ~~Widow~~ Number of children living —

Husband / Wife of — — —

Father's Name R H middleton Mother's Name Blanche Demott

Cause of Death: Primary Gastro Enteritis How long sick 5 days

Immediate

Accident, Suicide, Homicide

Reported by Kellum MD

Address Bryantsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Reather M Moore

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Selesia — County: Prince Geo

Date of death 1904: Month: March — Day: 14 — Age: Years: 1 — Months: 10 — Days: —

Sex: Female — Color or Race: Black — Birthplace: M-d

~~Married~~, Single or ~~Widowed~~ — Occupation: Child

Name of Wife or Husband: —

Father's Name: John Moore — Father's Birthplace: M-d

Mother's Maiden Name: Annie Barlany — Mother's Birthplace: M-d

Name of person giving information: Harry Hawkins — How related to deceased: uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: one week

Immediate: Asthenia — How long: two days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. Parker M.D.

Address: Rose Croft

M-d

Accident or Suicide?

LIBRARY BUREAU A84516

Name in Full: Annie Morrison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Camp Springs; County: Pr Geo

Date of death: Month: 3; Day: 26; 1904

Age: Years: 23; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Md.

Occupation: Housewife

Where Residing if not at place of death: at home

Married, Single or Widowed: Married

Name of Wife or Husband: Edward Porter

Father's Name: Frank Morrison

Father's Birthplace: Md

Mother's Maiden Name: Jane "

Mother's Birthplace: Md

Name of person giving Imformation: Edward Porter

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 6 mo

Immediate: Exhaustion — How long: —

PHYSICIAN, OR CORONER:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Simpson M.D.

Address: Rosecroft Md.

Accident or Suicide? —

LIBRARY BUREAU A66515

Name in Full: Albert [illegible]

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forestville — County: Prince Georges

Date of death 1904: Month: 3 — Day: 23

Age: Years: 16 — Months: 1 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband:

Father's Name: Julyus Nicholson — Father's Birthplace: Md

Mother's Maiden Name: Lucy Herbert Mc — Mother's Birthplace: Md

Name of person giving information: Albert Nicholson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Acute Tuberculosis 4 Mo[illegible] — How long: 4 Month

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Eckenrode

Address: Forestville Md

Accident or Suicide? —

LIBRARY BUREAU A83516

Name in Full: Josey Paul Nixon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glenndale County: Prince Georgis

Date of death: 1904 Month: March Day: 25

Age: Years: — Months: 4 Days: 28

Sex: Male Color or Race: White Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Eliot Nixon Father's Birthplace: Ohio

Mother's Maiden Name: Anna M Guytm Mother's Birthplace: Maryland

Name of person giving In formation: Wm L Guytm How related to deceased: Grand Father

CAUSES OF DEATH

Primary: Capalary Bronchitis How long

Immediate How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: Nelson A Ryan M.D.

Bowie Md

Accident or Suicide? no

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Anna ~~Hodgson~~ Porter

Died at C. Springs (Town) P.G. (County) MARYLAND

1904 Date ~~1903~~ Month March Day 15 — Age Y. 5 M. — D. — Native of Md Occupation House

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Edward Porter

Mother's Name

Cause of Death: Primary

Immediate Pneumonia

How long sick a few days

~~Accident Suicide Homicide~~

Reported by John Porter

Address C. Springs

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ashley's son 71

LIBRARY BUREAU. 65968

Name in Full: Moses Rawlings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mitchellville — County: Prince George

Date of death 1904: Month: March — Day: 10 — Years: Age 60 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Unknown

Father's Name: " — Father's Birthplace: —

Mother's Maiden Name: " — Mother's Birthplace: —

Name of person giving Information: Aubrey Wood — How related to deceased: Not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary tuberculosis — How long: Unknown

Immediate: " — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Walker M.D.

Address: Mitchellville Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Eliza Ramsings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Key County: Pr Geo

Date of death 1904: Month: Mch Day: 22 Years: 65 Months: Days:

Sex: Female Color or Race: White Birthplace:

Married, Single or Widowed: Widowed Occupation: Body

Name of Wife or Husband:

Father's Name: William Garner Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: Geo Boden How related to deceased: Name

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Collapse & Pneumonia How long: Week

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. J. Gibbons

Address: Croom Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ryon

CERTIFICATE OF DEATH

MARYLAND

Died at: Whitehaven — Town: — County: P. G. Co.

Date of death 1904: Month: March — Day: 26

Age: Years: — Months: — Days: 4

Sex: Male — Color or Race: White — Birthplace: P. Geo. Co. Md.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry M. Ryon — Father's Birthplace: P. G. Co. Md.

Mother's Maiden Name: Brown — Mother's Birthplace: " " "

Name of person giving information: H. M. Ryon — How related to deceased: Father

179

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: —

Immediate: Died Suddenly, cause Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. L. Griffith

Address: Marlboro.

Accident or Suicide? No

March 28

LIBRARY BUREAU A88818

Name in Full: George Stewart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Largo; County: Pr. Georges

Date of death 1904: Month: Mar; Day: 20; Years: Age ~~[illegible]~~ 72; Months: —; Days:

Sex: Male; Color or Race: Colored; Birthplace: Pr. Geo. Co., Md

Married, Single or Widowed: Married; Occupation: Farm Hand

Name of Wife or Husband: Rebecca Stewart

Father's Name: James Stewart; Father's Birthplace: Largo, Md

Mother's Maiden Name: Not Known; Mother's Birthplace: " "

Name of person giving In formation: Chas Stewart; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer Stomach; How long: Two years (?)

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Madame Cawood MD

Address: Hall, Md.

Accident or Suicide?

LIBRARY BUREAU A6681

Name in Full: Bertha L Sweeney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crown — County: P. G.

Date of death 1920 — Month: March — Day: 26 — Age: Years: 18 — Months — Days

Sex: Female — Color or Race: White — Birthplace: P. G. Co.

Married, Single or Widowed: Single — Occupation: School girl

Name of Wife or Husband:

Father's Name: Jeremiah Sweeny — Father's Birthplace: P. G. Co.

Mother's Maiden Name: M. Lee Smith — Mother's Birthplace: P. G. Co.

Name of person giving information: John F. Sweeny — How related to deceased: Bro

69

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epileptic Seizure — How long: Short time

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Gibbons

Address: Crown Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88818

Name in Full: Basil Patton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rosecroft — County: Pr. Geo.

Date of death: Month: 3 — Day: 16 — 1904

Age — Years: 88 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: St. Mary. Co. Md.

Occupation: Laborer — Where Residing if not at place of death: at Home

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Ophelia Patton

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: Joseph Patton — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility — How long: 6 mos.

Immediate: Diarrhoea — How long: 2 weeks

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: E. P. Simpson M.D.

Address: Rosecroft Md.

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full: John Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: New Gate — County: Prince Geo.

Date of death 1904 — Month: March — Day: 29th

Age — Years: 58 — Months: — Days: —

Sex: Male

Color or Race: Black

Birthplace: Maryland

~~Married~~, Single or ~~Widowed~~

Occupation: Farmer

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Richard Taylor — Father's Birthplace: Md

Mother's Maiden Name: Hennie Gilliam — Mother's Birthplace: M-d

Name of person giving information: Mannie Taylor — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthmatic Bronchitis — How long: Six months

Immediate: Athemia — How long: two weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. M. Parker M.D.

Address: Rose Croft M-d

Accident or Suicide?

LIBRARY BUREAU A6810

Name in Full: Mrs Daniel Wheeler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hyattsville — County: Prince George

Date of death 1904: Month: Feb — Day: 6 — Age: Years: 59 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Washington D.C.

Married, Single or Widowed: Married — Occupation: House wife

Name of Wife or Husband: Daniel Wheeler

Father's Name: Dont Know — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Daniel Wheeler Jr — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypertrophy & Dilatation of Heart — How long: a Year

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas Gewell

Address: Hyattsville Md

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: George C. Millett

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Accokeek — County: Prince Georges

Date of death 1904: Month: 3 — Day: 9

Age: Years: 5 — Months: 11 — Days: 9

Sex: Male — Color or Race: White — Birthplace: Md.

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Geo. C. Millett — Father's Birthplace: Md.

Mother's Maiden Name: Margaret Dixon — Mother's Birthplace: Md.

Name of person giving information: Geo. C. Millett — How related to deceased: Father

34

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Miliary Tuberculosis — How long

Immediate: Edema of Lungs. — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. L. Hunter

Address: Piscataway Md

Accident or Suicide?

LIBRARY BUREAU A932516

Name in Full — Certificate of Death

Charles E. Williams

Died at — Town: Laurel. — County: Prince George — MARYLAND

Date 1904 — Month: Mar — Day: 17 — Age: Y. 30 M. D. — Native of: Md — Occupation: Laborer

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living One

Husband / ~~Wife~~ of Emma Williams

Father's Name: John Williams — Mother's Maiden Name: Lizzie Bacon

Cause of Death — Primary: Tuberculosis — How long sick: 8 months

Immediate: Asthenia — ~~Accident, Suicide, Homicide~~

Reported by: O F Taylor M.D.

Address: Laurel Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Permit
To
Fish in Placer
Mountain

Name in Full: Unnamed Child

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mitchellville — County: Prince George

Date of death 1904 — Month: March — Day: 3 — Age — Years: — Months: — Days: 2

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Geo Wilson — Father's Birthplace: Maryland.

Mother's Maiden Name: Alice Stevenson — Mother's Birthplace: "

Name of person giving Information: Aaron Stevenson — How related to deceased: Grandfather

179

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital dislocation knees — How long: 2 days

Immediate: — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A R Walker M. D.

Address: Mitchellville, Md.

Accident or Suicide? —

LIBRARY BUREAU A66818

Name in Full: Blanche L Winsor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North Keys — County: P. G.

Date of death 1904: Month: Mch — Day: 24 — Age: Years: 20 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Chas Co

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Wade H Winsor

Father's Name: Geo. B Kidwell — Father's Birthplace: Pr Geo Co

Mother's Maiden Name: Mary R. Johnson — Mother's Birthplace: Chas Co

Name of person giving In formation: Geo M Kidwell — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Puerperal Fever 13 — How long: about 8 days

Immediate: Heart foilure — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Gibbons

Address: Croom Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516